



Last Updated: 03/09/2022

## New Requirements for Providers of the Commonwealth Coordinated Care Program

The purpose of this memorandum is to inform providers of the Commonwealth Coordinated Care (CCC) Program that beginning July 1, 2015 all providers who provide services to individuals enrolled in CCC will be required to use a National Provider Identifier (NPI). Fee-for-service Medicaid providers who currently have an API are not required to obtain an NPI in order to bill DMAS. Continue to use your API for your fee for service claims and authorizations.

The 2015 General Assembly added language to the 2014 - 2016 Biennial Budget that requires all providers of the CCC Program to acquire a NPI. The specific language can be found in Item 301, RRRR (2) of Chapter 665, which can be found at:  
(<http://lis.virginia.gov/151/bud/hb1400chap.pdf>).

On January 23, 2004, the Federal Secretary of Health and Human Resources published a Final Rule that adopted the NPI as a means to simplify and improve electronic transactions for health care. This Final Rule requires all "health care providers", as defined in 45 CFR 160.103 (<http://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-sec160-103.pdf>), to acquire and use a NPI. Examples of "health care providers" include, and are not limited to: hospitals, nursing facilities, ambulatory care facilities, durable medical equipment suppliers, clinical laboratories, pharmacies, and many other "institutional" type providers; physicians, dentists, psychologists, pharmacists, nurses, chiropractors, personal and respite care agencies and many other health care practitioners and professionals; group practices, health maintenance organizations and others.

Please note that some providers that were once assigned API's, such as Service Facilitators, are now eligible to

receive NPI's. If you are unsure if you are eligible to receive a NPI you can contact the National Plan & Provider Enumeration System  
(<https://nppes.cms.hhs.gov/NPPES/Welcome.do>).



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### ***Applying for an NPI***

To acquire a NPI the provider needs to complete the CMS form *CMS-10114*. CMS suggests that the most efficient process for completing this form and applying for an NPI is by using the online application which can be found here: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. If you cannot, or do not wish to, complete the online application you can acquire the form by contacting CMS using one of the alternative options listed below:

- Phone: **1-800-465-3203** or TTY **1-800-692-2326**
- Web: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf>
- E-mail: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- Mail: **NPI Enumerator**

**P.O. Box 6059**

**Fargo, ND 58108-6059**

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### ***Converting API to NPI for CCC Only***

Providers who need to convert their API to a NPI only for the purposes of the CCC Program should begin the application process for the NPI immediately. Providers will have until October 1, 2015, to begin using an NPI for the CCC program. If a provider does not submit their NPI to the CCC health plan by October 1, 2015, they will not be able to bill the CCC plan until a NPI is acquired and submitted to the CCC plan. Claims submitted to the CCC health plan on or after October 1, 2015 will be rejected and the provider will need to resubmit the claim using a NPI. Provider may have already received notices from the CCC health plans and if so, please follow the instructions in that correspondence for submission of the NPI. Below is the contact information for each of the three CCC health plans:

- Humana: 1-888-262-1292, ext.7105



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- Anthem Healthkeepers: 855-817-5788
- Virginia Premier: 1-800-727-7536; Option 6 for Provider Services

Please note that those providers who are non-participating providers with the CCC Health Plans are not required to obtain a NPI. If you do not know whether you are non-participating or participating, please check with the health plan.



## **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx) to learn more.

## **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

## **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.



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<https://dmas.virginia.gov>

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## **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-  
state long distance 1-800-552-8627 All other  
areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.